



Related MLN Matters Article #: MM5655

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Clarification on Billing for the Oral Three-Drug Combination Anti-Emetic (Aprepitant)

Key Words

MM5655, R1281CP, CR5655, Aprepitant, Anti-emetic, Billing

Provider Types Affected

Providers and suppliers submitting claims to Medicare Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs) for cancer chemotherapeutic services provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is April 4, 2005.
- The implementation date is January 7, 2008.
- The Centers for Medicare & Medicaid Services (CMS) states that reimbursement will be provided for oral anti-emetic drugs when used as a full therapeutic replacement for intravenous dosage forms as part of a cancer chemotherapeutic regimen when the drugs are administered or prescribed by a physician for use immediately before, at, or within 48 hours after the time of administration of the chemotherapeutic agent.
- The oral three-drug combination (Tri-Pak) is:
 - Aprepitant,
 - A 5-HT₃ antagonist (e.g., granisetron, ondansetron, or dolasetron), and
 - Dexamethasone (a cortico-steroid).
- The three-drug combination protocol requires the first dose to be administered before, at, or immediately after the time of the anti-cancer chemotherapy administration.
- The second day is defined as "within 24 hours," and the third day is defined as "within 48 hours" of the chemotherapy administration. (See the revised *Medicare Claims Processing Manual*, Chapter 17, Section 80.2 (Oral Anti-Emetic Drugs Used as Full Replacement for Intravenous Anti-Emetic Drugs as Part of a Cancer Chemotherapeutic Regimen, which is attached to Change Request (CR) 5655.)
- Some Medicare contractors are denying payment for the entire Tri-Pak because two doses of the Tri-Pak (for days 2 and 3) are sent home with the beneficiary. This is a misinterpretation of CR4301 (Billing

for Take Home Drugs; <http://www.cms.hhs.gov/Transmittals/Downloads/R882CP.pdf>, which requires billing drugs that are for take home use only to the Durable Medical Equipment MACs.

- **CR5655 clarifies that hospital outpatient departments may bill the entire Tri-Pack of oral anti-emetic drugs to their FI or A/B MAC as part of the three-drug combination oral anti-emetic.**
 - If the three-drug combination is dispensed in a Tri-Pak in a hospital outpatient setting, the Tri-Pak may be billed to the FI as 57 units of J8501 (APREPITANT, 5mg, Oral), and all of the drugs in the three-drug combination must be billed in the same claim.
 - This clarification is needed to prevent incorrect denials of claims from hospital outpatient departments for Aprepitant for Chemotherapy-Induced Emesis, as spelled out in the National Coverage Determination, CR3831, at <http://www.cms.hhs.gov/Transmittals/downloads/R40NCD.pdf>, and the corresponding MLN Matters article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3831.pdf> on the CMS website.

Additional CR5655 Instructions

- FIs or A/B MACs are to accept claims for 57 units of Aprepitant (J8501) when dispensed to the beneficiary by the hospital in the form of a Tri-Pak.
- Coverage of Aprepitant is dependent upon the beneficiary's receipt of a highly emetogenic anti-cancer chemotherapeutic agent.
- For dates of service on or after January 1, 2008, qualifying emetogenic anti-cancer chemotherapeutic agents are:
 - Carmustine, (J9050);
 - Cisplatin, (J9060, J9062);
 - Cyclophosphamide, (J9070, J9080, J9091, J9092, J9093, J9094, J9095, J9096, J9097);
 - Dacarbazine, (J9130, J9140);
 - Mechlorethamine, (J9230);
 - Streptozocin, (J9320);
 - Doxorubicin, (J9000, J9001); and
 - Epirubicin, (J9178).
- Coverage of Aprepitant is as part of the three-drug combination of:
 - Aprepitant (Emend®) (J8501),
 - A 5-HT₃ antagonist, e.g., Granisetron (Q0166), Ondansetron (Q0179), or Dolasetron (Q0180), and
 - Dexamethasone, a cortico-steroid (J8540).
- All of the drugs must be billed on the same claim.

- Effective for dates of service April 4, 2005, through December 31, 2007, inclusive, the following Healthcare Common Procedure Coding System (HCPCS) codes dispensed by non-Outpatient Prospective Payment System (OPPS) providers qualify the beneficiary to receive the three-drug combination oral anti-emetic: J9050, J9060, J9062, J9070, J9080, J9091, J9092, J9093, J9094, J9095, J9096, J9097, J9130, J9140, J9230, J9320, J9000, J9001, and J9178.
- For the same time-period, the following HCPCS dispensed by OPPS providers qualify the beneficiary to receive the three-drug anti-emetic: J9050, J9060, J9070, J9093, J9130, J9230, J9320, J9000, J9001, and J9178.
- FIs and A/B MACs will adjust denied or partially denied Aprepitant (J8051) claims if they are brought to their attention within 6 months of the implementation date of January 7, 2008. During this period, the timely filing requirements will be bypassed, as needed, to complete the adjustment.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5655.pdf> on the CMS website.

The official instruction (CR5655) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1281CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their FIs or A/B MACs at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.